· · · · · · · · · · · · · · · · · · ·	TO AND OF HEALTH	900
	ATE BOARD OF HEALTH	303
BTANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	OF VITAL STATISTICS State File No Registrar's No	0
1 Dies of Books (a) County //WY40 (b) City or Town	v limits also write RURAL) (St. & No. (or) Name	
y and a	: In Community	yr.
// -	; (b) County (c) City or Town (if outside city write	BO THE RURAL
(d) Street No.	(c) Social	
8. (a) FULL NAME USakel Henry	name war Security No.	NE write the word)
4. Sex 5. Color or Race 6. (a) Single, marked, widowe	MEDICAL CERTIFICATION	(7 1/2
6. (b) Name of husband 6. (c) Age of husband 7	20, DATE OF DEATH (Month, das and year)	19 1
January Mar or wife, it alivelatory	-1	1.7.19107
7. Birthdate of deceased (Month) (Day) (Year)	21. I hereby certify that I attended the deceased from 19 to 19	7 1947:
8. AGE: Years Months Days If less than one day	that I last saw h jam alive on Suffe. 7, 19	7 19
9. Birthulace of Low Stake, Wright	and that death occurred on the date and hour stated above.	DURATION
(Gity, town of county) (State or County)	- Jailure Congestive de	atsudden
10. Usual Occupation	Due to Premans aneumonia	
11. Industry or Business	- secut	***************************************
12. Name 11.	Due to	***************************************
(City, town or county) (State of Country)	Wher conditions	
14. Maiden Name	(Include pregnancy within 3 months of death)	
16. Birthplace (City, town or county) (State or Country)	Of operations	PHYSICIAN
(dis) unit di dana)	A4	Underline the
16. (a) Informant's own signature Morrison	nu (hot autopey	death should be charged
(b) Address which the Man	<u> </u>	statistically.
17. (a) Burial, Cremation or Reportal	22. If death was due to external causes, fill in the following:	
(b) Placet MARIA (c) Date 1101 100 1	(a) Accident, suicide or homicide (specify)	
18. (a) Embalmer's Signature	(c) Where did injury occur?	
(b) Funeral Director	(City or Town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in	
(c) Address - Infufully (Maybu	public place?(Specify type of place)	44 x 24
19. (a) Ohte received local/Registrar)	While at work? (e) Means of injury	
mBlanchy-Flake	23. Signature	100000
5000 2/15/41 (Registrar's Signature) Marris, Dep	Address Date signed	<i>x 411914</i> 1
, July Route street	-ung.	<i>/</i> *